TO: **Prospective Grantees**

FROM: **Douglas S. Beebe, Director, Bureau of Aging and In-Home Services**

RE: **Request for Proposal Packet for Funding Opportunity for New Alzheimer's Disease and Related Senile Dementia Projects, Fiscal Year 2004-2005**

DATE: **January 2004**

This Request for Proposal (RFP) packet is sent to you because of your interest in developing services for the aging population in Indiana. The Governor's Task Force on Alzheimer's Disease and Related Senile Dementia (GTF/ADRSD) announces the availability of funds for new projects to benefit persons with Alzheimer's Disease in Indiana.

The enclosed RFP Packet is for the traditional funding cycle of ADRSD Projects for Fiscal Year 2004-2005. Project categories for the cycle of grants are: respite care, adult day care, innovative models, pilot projects, research, training and education, and other services. Please review the packet carefully to make certain all 12 pages are present.

Proposals are due on or before 4:30 p.m. on Friday, February 27, 2004. In order to be considered, your proposal must be typed, doubled-spaced and submitted with two copies (a total of 3, including the original). Faxed proposals will not be accepted.

Please pay close attention to the established page limits noted on the CHECK LIST. Refer to the attached for project categories and specifications. Projects shall benefit and/or serve Indiana residents. Out-of-state agencies/businesses are required to team up with an Indiana agency or business in order to be considered for funding.

Grantees will be required to submit periodic progress reports (January and July 2005) and may be required to meet periodically with Indiana Division of Disability, Aging, and Rehabilitative Services Staff; the Governor's Task Force on Alzheimer's Disease and Related Senile Dementia; and an appropriate project advisory committee. Grantees will be notified in April 2004.

You may direct any questions to Patty Matkovic, Program Director, by telephone at (317) 234-0609 (800-545-7763, ext. 234-0609), or by email at pmatkovic@fssa.state.in.us.

Best wishes as you plan and prepare your proposal.

Enclosures

PROJECT CATEGORIES

Ia. **RESPITE CARE, ADULT DAY CARE, AND OTHER SERVICES** New or expanded respite care services to include adult day care, community-based or in-home services for persons with Alzheimer's Disease and Related Disorders. Successful proposals will include (but are not limited to):

1. Respite or adult day care services as defined by the Indiana Association of Adult Day Services; the Indiana Division of Disability, Aging, and Rehabilitative Services; and/or based on current research and model programs.
2. Service to persons with Alzheimer's Disease and Related Disorders.
3. Emphasis on maintenance of functional abilities in safe, appropriate settings with activities suitable for memory-impaired persons.
4. Affiliation with a not-for-profit sponsor.
5. Impact on communities and individuals currently under served—and evidence of outreach to such persons—in the area of respite care for memory-impaired persons.
6. Ability to impact the greatest number of people in a high-quality, cost-effective manner.
7. Staffing or supervision by professionals (e.g., nurse, social worker, activity therapist, health educator, or other appropriately trained individual(s); trained employee(s); and/or trained volunteer(s).
8. Procedures for assessment and development of personal care plans for each client.
9. Procedures for evaluation of the project's outcomes that relate to the goals
** **Submission of written progress reports(s) are required at mid point of grant period (January 2005) and at close (July 2005).**

Ib. The following criteria are factors which will enhance the applicant's chances of being selected and should be described in the application.

1. Recruitment, training, and use of volunteers to provide care.
2. Ongoing emotional and educational support (for families of clients) offered directly or in cooperation with other community organizations. Support shall include information and referral offered to clients' families in cooperation with community organizations.
3. Enlistment of local support and community networking (e.g. local matching money, provision of a facility to house the program at no cost, etc.); training; and family support services.
4. Demonstrated financial need for the program.
5. Clearly established plan for continuation of the services after grant money is exhausted.
6. Program not to duplicate existing community services.
7. Innovative in-home or community-based adult day care, respite services, or other services, as a pilot program that could serve as a model for other communities while reducing or preventing premature institutionalization of those with Alzheimer's and Related Disorders.
8. Demonstration that all aspects of the program, philosophy, goals, objectives, organization, and staff patterns work toward providing a therapeutic setting for Alzheimer's and Related Disorder participants.
9. Development of sliding fee scale based on cost of the program.

II. **INNOVATIVE MODEL/PILOT PROJECT AND/OR RESEARCH** Project proposals to try new ideas will be considered for one time start-up funding. Projects should have a research component and/or a strong possibility of replication. Proposals must address generally unmet needs of persons with Alzheimer's Disease, Related Disorders, and/or Caregivers. Research proposals, including studies, to add to the knowledge base about Alzheimer's Disease and Related Senile Dementia will also be considered. Project specifications are open; however, priority will be given to those projects incorporating the following:

1. Trained volunteers.
2. In-kind property, utilities, equipment, materials, supplies, products, services, etc., and/or matching funds.
3. Broad-based community, business, and non-profit support and/or collaboration.
4. Projects which address the needs of underserved population groups.
** **Submission of written progress reports(s) are required at mid point of grant period (January 2005) and at close (July 2005).**

III. **TRAINING AND EDUCATION** Training and the development of training materials, and education and the development of education materials for those who participate in or assist in the care or treatment of individuals diagnosed with Alzheimer's Disease or Related Senile Dementia. Project specifications are open; however, priority will be given to those projects incorporating the following:

1. Projects which address the needs of underserved population groups.
2. Broad-based community, business, and non-profit support and/or collaboration.
3. Clearly established need for the education or training.
** **Submission of written progress reports(s) are required at mid point of grant period (January 2005) and at close (July 2005).**

IV. **OTHER PROJECTS OR SERVICES** Other projects or services necessary to reduce or prevent premature institutionalization of individuals diagnosed with Alzheimer's Disease or Related Senile Dementia. Project specifications are open; however, priority will be given to those projects incorporating the following:

1. Trained volunteers.
2. In-kind property, utilities, equipment, materials, supplies, products, services, etc., and/or matching funds.
3. Broad-based community, business and non-profit support and/or collaboration.
4. Projects which address the needs of underserved population groups.
5. Clearly established need for the project or service.
Submission of written progress reports(s) are required at mid point of grant period (January 2005) and at close (July 2005).

PROJECT PROPOSAL REQUIREMENTS
CONTRACT PERIOD: JULY 1, 2004 – JUNE 30, 2005

GENERAL REQUIREMENTS FOR PROPOSALS

1. Complete and enclose the <u>Check List</u>. <u>Include as page 1</u>.

2. Complete and enclose the <u>I. Identification Form.</u> <u>BE CERTAIN TO SIGN THIS FORM.</u> <u>Check</u> the Project Category and <u>complete</u> the Budget Summary.

3. Provide and enclose a Project Abstract. Label as: <u>II. Project Abstract</u> (<u>Include the name of your agency, organization, or business).</u>   A <u>maximum of one</u> typed, double-spaced page, one-side, will be accepted.

4. Provide and enclosed the <u>General Information</u>. Label this section as: <u>III. General Information</u>. Be certain to provide all of the requested information in points 1-8. A <u>maximum</u> of 3 typed, double-spaced pages will be accepted. This does not include items requested under <u>number three</u>.

5. Attach a copy of your <u>Organizational Chart</u>. Label this as: <u>IV. Organizational Chart</u>.

6. Provide the requested information under <u>Project Narrative</u>. Label this section as <u>V. Narrative Project</u>. State realistic goals and measurable objectives for the project you are proposing. Be specific. <u>A maximum of 7 typed, doubled-spaced pages</u>, one-side will be accepted. Include the resumes, vitae, etc. as appendices. (Appendices are not counted toward the 7 page limit).

7. Complete and enclose the <u>VI. Budget Form</u> being certain to include any "in-kind" as well as matching funds. Indicate the source and amount of any matching funds.

8. Attach <u>VII. Letters of Support</u>. A <u>minimum of three letters</u> is required. If your proposed project is a cooperative effort with other individuals, agencies, organizations, businesses or educational institutions – be certain to include a letter of support from each. **Letters of support must be submitted with the proposal. Those mailed or faxed separately will not be considered or accepted**.

9. Complete ****** areas only – on <u>Proposal Review Sheet</u> – and attach after Letters of Support.

10. **Proposals must be complete, typed, signed, doubled-spaced, within the maximum number of pages, in triplicate, on the attached forms and submitted by the deadline – in order to be considered for funding**. **Faxed proposals will not be reviewed, accepted or considered.**

** FOR EACH PAGE WHICH DOES NOT HAVE THE NAME OF YOUR AGENCY, BUSINESS OR ORGANIZATION AS PART OF THE REPORT, INCLUDE IT BENEATH THE TITLE OF THE PAGE.

PROPOSAL CHECK LIST

**Please Note: All items listed below must be received together by the proposal <u>deadline of 4:30 p.m.
Friday, February 27, 2004</u>. Incomplete, late or faxed proposals will not be considered.**

Submit proposal packet <u>in triplicate</u> to:
Patty Matkovic, Program Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083 - Mail Stop 21
Indianapolis, IN 46207-7083

Or, hand carry proposal packet <u>in triplicate</u> to:
Patty Matkovic, Program Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
Room W454
Indiana Government Center South
402 W. Washington Street
(on Washington Street, between Senate Avenue and West Street)

I. _____ Identification Form (attached)

II. _____ Project Abstract (up to one page typed, one-side, double-spaced)

III. _____ General Information (up to 3 pages typed, one-side, double-spaced)

IV. _____ Organizational Chart (of organization/business)

V. _____ Project Narrative (up to 7 pages typed, one-side, doubled-spaced)
  a. _____ Define the Need or Problem
  b. _____ Identify the Goals/Objectives/Aims
  c. _____ Identify the Methodology
  d. _____ Identify the Plan of Action
  e _____ Evaluate the Outcomes
  f. _____ Note Specifics of Staffing and Volunteerism
  g. _____ Identify Community Support
  h. _____ Identify Long Range Prospects of the Program

VI. _____ Budget Form (attached)

VII. _____ Letters of Support (minimum of 3) **MUST BE ENCLOSED WITH PROPOSAL**

VIII. _____ Proposal Review Sheet (complete ** areas only)

PROPOSAL

I. IDENTIFICATION FORM

Please Type and Submit in Triplicate

Address of Administrative Office   City   State   Zip Code

Mailing Address   City   State   Zip Code____

Agency/Organization Director (Name)   Title_____   Signature____

Project Director/Grant Administor_____Title_____   Signature

Area Code/Telephone #   Date of Incorp. & Federal I.D. Number _____
                            (if applicable)

Project Category (check one only):

  I.   _____   Respite Adult Day Care
  II.   _____   Innovative Model, Pilot, and/or Research Project
  III. _____   Training and/or Education
  IV. _____   Other Projects or Services

Budget Summary

Dollars Requested: $ _____

In-kind Contributions: $ _____
    (Optional)
Matching Funds: $ _____

Total Project Cost: $ _____

% of Matching Funds to   _____%
Total Project Budget

II. PROJECT ABSTRACT

Please Type, Double-Space, and Submit in Triplicate (up to one page, one-side).

Write a simple one-page summary of your proposed project. Include the basic and vital components of your proposal. Your abstract should be very clear, concise and complete in explaining the who, what, when, where, why and how, of your proposal. Title this page <u>Project Abstract</u>. <u>Include the name of your agency, organization or business).</u>

III. GENERAL INFORMATION

Please Type, Double-Space, and Submit in Triplicate as Numbered Below (up to 3 pages, one-side).

1.   Summarize the history of your organization, agency or business. Include when founded, services offered or business function, size, location, and types of clients and/or customers served.

2.   State the official mission (purpose) of your organization or business.

3.   Attach a copy of your Articles of Incorporation and Amendments, (if applicable). Attach a roster of your Board of Directors. Include their title and organization, agency or business.

4.   List the current goals and objectives for your organization.

5.   List any certifications, licenses, etc. under which your organization or business operates (if applicable).

6.   List the sources from which your organization or business receives most of its client or customer referrals. (Examples: Area Agency on Aging Case Manager, Alzheimer's Support Group, print advertisements, etc.)

7.   To what agencies, organizations or businesses do you refer clients or customers when you are unable to provide services?

8.   How does your business or organization coordinate with other community organizations and businesses?

IV. ORGANIZATIONAL CHART

Attach in triplicate a copy of your organization's most recent organizational chart.

V. PROJECT NARRATIVE

Please Type, Double-Space, and Submit in Triplicate as Numbered Below (up to 7 pages, one-side).

1. Define the Need or Problem You Seek to Address. Is there evidence or data documenting the need? What caused it? If nothing is done, what might happen? What is the extent of the problem? Use facts and figures where possible.

2. Identify the Specific Goals/Objectives/Aims. Provide a broad statement of the benefits you hope to achieve through the project. Goals/objectives/aims should include attention to the means by which emotional/educational support of families will be furthered, while avoiding the duplication of existing community services. Attention should also be given to a plan for the project's continuation at the conclusion of the grant period.

3. Identify the Methodology. Provide specific statements of desired outcomes identifying: What will you do? How will you do it? How many will you serve/study? How will those served benefit? Who will be doing what?   When? And how much will be achieved? How will objectives be measured?

4. Identify the Plan of Action. State the strategies that will be used to meet each objective; identify your resources i.e., people, time, materials, money, etc. and a plan for monitoring the progress.

5. Identify the Plan of Evaluating the Outcomes. Identify a process for determining the extent to which the project has achieved its' stated, measurable objectives.

6. Note how Staff and Volunteer Time Will Be Allocated. Will staff and volunteers be full-time or part time?

7. Identify Community Support. Indicate if the project is supported financially or in-kind by the community-at-large.

8. Identify Long-Range Prospects for the Program. If service proposal – how will the program survive post-grant? If study proposal – does the project make a significant contribution to the body of knowledge?

VI. PROVIDER BUDGET FORM

ORIGINAL: __ REVISION:____

PROVIDER LEGAL NAME:

_____

PROVIDER ADDRESS:

_____

TELEPHONE NUMBER: _____FEDERAL ID NUMBER: _____

PROJECT PERIOD   July 1, 2004 - June 30, 2005   _____ _

PURPOSE OF BUDGET:

_____

SERVICE CODE	MAJOR OBJECT	DESCRIPTION	AMOUNT
2401	.1	PERSONNEL*	
2401	.2	RENT/UTILITIES	
2401	.3	TELEPHONE/POSTAGE	
2401	.4	CONTRACTED SERVICES*	
2401	.5	MATERIALS/SUPPLIES	
2401	.6	EQUIPMENT*	
2401	.7	TRAVEL*	
2401	.8	INDIRECT COST*	
2401	.9	OTHER ALLOWABLE COSTS*	
		TOTAL	

*Specify on attachment to budget.

This budget has been approved by the Board of Directors at its meeting of _____ .

DATE: _____ Authorized official: _____

PROVIDER BUDGET

DESCRIPTION OF BUDGET FORM CATEGORIES

.1   PERSONNEL: Salaries and fringe benefits. **Specify on attachment to budget**.

.2   RENT/UTILITIES: Occupancy costs, including utilities such as electricity, etc.

.3   TELEPHONE/POSTAGE: Local and long distance telephoning, postage including box rental, etc.

.4   CONTRACTED SERVICES: Any administrative or program services contracted to another entity, such as copier, legal consulting, printing services. **Specify on attachment to budget.**

.5   MATERIALS/SUPPLIES: Paper, pens, pencils, paperclips, etc.

.6   EQUIPMENT: Office furniture and computer related equipment, copier purchase, etc. **Specify on attachment to budget**.

.7   TRAVEL: In-state and out-of-state travel costs, covering transportation, meals, lodging, per diem. **Specify on attachment to budget.**

.8   INDIRECT COST: Use only if an indirect rate is applicable. **If applicable, submit documentation.**

.9   OTHER: Anything not covered elsewhere in budget. **Specify on attachment to budget**.

**Proposed Grantee

**Contact Person   **Telephone Number

REVIEW CRITERIA

1. What are the specific goals/objectives/aims of the proposal   (20)
   a. Are the goals, objectives and aims clearly delineated?
   b. Are the goals, objectives and aims consistent with the mission/priorities of the Task Force

2. Methodology – What is the method by which they will achieve their goals?
   a. What will they do?   (20)
   b. How will they do it?
   c. How many will they serve/study?
   d. How will those served benefit?
   e. Does the agency have an adequate number of qualified personnel?

3. Plan of Evaluating Outcomes   (10)
   a. How are they measuring success?
   b. Does the expected number served justify the grant expenditure?

4. Is the Project Necessary or Needed?   (20)
   a. Is there evidence or data documenting the need?
   b. Are there clients waiting to use the service?
   c. Does it duplicate existing programs or studies?
   d. Does the program address the needs of underserved populations including minority and
      low income individuals?
   e. Why now?

5. Community Support   (5)
   a. Three letters of support?
   b How has the organization demonstrated that the program has the support of the
      community-at-large i.e.community financial resources or in-kind contributions?

6. Long-Range Prospects for the Program   (10)
   a. For service proposals-how will they survive post-grant?
   b. For study proposals-does the project make a significant contribution to the body

7. Budget   (15)
   a. Are the salaries and expenditures reasonable and justified?
   b. Are the items requested consistent with the priorities/ limitations of the Task Force
      and the budget process?
   c. Are we the sole funding source or are we one of many?

Total Score: _____

FOR COMMITTEE DISCUSSION

Project Strengths   ### Project Weaknesses

1.   1.

2.   2.

3.   3.

4.   4.

5.   5.

Comments:

_____

_____

_____

_____

_____

_____

**Previous Division Funding?   Yes ___   No ___   When?
_____

This form is meant as a guide for evaluating grant proposals. This form is constructed in such a way that not all questions may be applicable for research/study proposals.